

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>ANNUAL REPORT OF GUARDIAN ON</b> <b>CONDITION OF</b> <b>LEGALLY INCAPACITATED INDIVIDUAL</b> <input type="checkbox"/> <b>FINAL REPORT</b>	<b>FILE NO.</b>
---	---	-----------------

In the matter of \_\_\_\_\_, a legally incapacitated individual

1. I, \_\_\_\_\_, am the guardian of the above named adult and my annual  
Name (type or print)  
 report is as follows:

2. Present age of the adult: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**3. Living Arrangement**

a. Current address and telephone number of the adult: \_\_\_\_\_

b. The adult's residence is:

- ☐ own home/apartment      ☐ guardian's home/apartment      ☐ other: \_\_\_\_\_  
☐ nursing home      ☐ hospital or medical facility  
☐ foster or boarding home      ☐ relative's home: \_\_\_\_\_  
Relationship

c. The adult has been in the present residence since \_\_\_\_\_. If moved within the past year, state  
 the changes and the reasons for change: \_\_\_\_\_  
Date

d. I rate the adult's living arrangement as    ☐ excellent.    ☐ average.    ☐ below average. \_\_\_\_\_  
Explain

e. I believe the adult is    ☐ content with the living situation.    ☐ unhappy with the living situation.

☐ f. I recommend a more suitable living arrangement for the adult as follows: \_\_\_\_\_

**4. Physical Health**

a. The adult's current physical condition is    ☐ excellent.    ☐ good.    ☐ fair.    ☐ poor.

b. During the past year the adult's physical condition has

- ☐ remained about the same.  
☐ improved. Explain \_\_\_\_\_  
☐ worsened. Explain \_\_\_\_\_

c. During the past year the adult received the following medical treatment (include check-ups and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

**5. Mental Health**

- a. The adult's current mental condition is ☐ excellent. ☐ good. ☐ fair. ☐ poor.
- b. During the past year, the adult's mental condition has  
☐ remained about the same.  
☐ improved. Explain \_\_\_\_\_  
☐ worsened. Explain \_\_\_\_\_
- c. During the past year, treatment or evaluation by a psychiatrist, psychologist, or social worker ☐ was ☐ was not provided.

**6. Social Activities/Services**

- a. The adult's current social condition is ☐ excellent. ☐ good. ☐ fair. ☐ poor.
- b. During the past year, the adult's social condition has  
☐ remained about the same.  
☐ improved. Explain \_\_\_\_\_  
☐ worsened. Explain \_\_\_\_\_
- c. During the past year, the adult has participated in the following activities:  
☐ recreational \_\_\_\_\_  
☐ educational \_\_\_\_\_  
☐ social \_\_\_\_\_  
☐ occupational \_\_\_\_\_  
☐ no activities available.  
☐ the adult refused to participate in any activities.  
☐ the adult was unable to participate in any activities.

**7. List of Visits**

- a. During the past year, I visited the adult as follows: \_\_\_\_\_  
List dates
- b. The average amount of time I spent on each visit was \_\_\_\_\_.
- c. The last time I visited with the adult was on \_\_\_\_\_.  
Date

**8. Activities**

During the past year, I performed the following activities on behalf of the adult: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Consultation**

During the past year, I consulted with the adult before making the following decisions: \_\_\_\_\_  
\_\_\_\_\_

10. I believe the adult has the following unmet needs: \_\_\_\_\_  
\_\_\_\_\_

☐ 11. The guardianship ☐ should ☐ should not be continued because: \_\_\_\_\_  
\_\_\_\_\_

☐ 12. As guardian, I have been ordered by the court to file an annual account which is attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.